FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90772 042 ***158.75

DOCUMENT # P98000064731

1. Entity Name
J.E. PHONE WORKS, INC.

DO NOT WRITE IN THIS SPACE

641609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 NE 57 Court	1400 NE 57 Court
Suite, Apt. #, etc. #303	Suite, Apt. #, etc. #303
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number: 65-0855973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ENGLERT, JOSEPH
Street Address (P.O. Box Number is Not Acceptable): 1400 NE 57 COURT #303
City: FORT LAUDERDALE FL Zip Code: 33334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGLERT, JOSEPH 1400 NE 57 COURT #303 FORT LAUDERDALE FL 33334
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/15/02 954.772-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #